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#### L. PHARMACY

#### 1.0 PURPOSE AND SCOPE

This document specifies space planning criteria for Pharmacy services. It does not contain space criteria for specialized clinical pharmacy functions. These functions will be found in the criteria for the services supported which are:

Hematology/Oncology: See Outpatient Clinic Criteria.

Radiopharmacy: See Nuclear Medicine Criteria.

#### 2.0 DEFINITIONS

**Drug Information Service** - The objective of this aspect of Clinical Pharmacy Service is to provide complete drug information, upon request, to medical officers, and other staff members. This function may be facilitated by subscribing to the Iowa Drug Information Service which includes drug literature from over 150 medical and pharmacology journals recorded on microfilm. This system should be supplemented with selected text books and other references.

**Satellite Pharmacy** - Additional operation locations (inpatient and/or outpatient) which will supplement and support the main inpatient and/or outpatient pharmacies by diverting a portion of the work load to another dispensing area to facilitate a better work and patient flow.

**Clinical Pharmacist** - A pharmacist with specialized education and training in the principles of disease processes and pharmacotherapeutics. May have special expertise in highly specialized areas such as pharmacokinetics, research, hematology/oncology, or radiopharmacology.

#### **3.0 POLICIES**

The locations, quantities, and types of pharmacy dispensing activities will be determined by work load, the location of activities supported and the projected number of supervisory personnel.

**Outpatient Pharmacy** should be located near and readily accessible to the outpatient clinics.

#### **Inpatient Pharmacy:**

- a. Medical facilities with more than 100 beds should have a separate inpatient pharmacy.
- b. This activity must be readily accessible to the nursing unit to facilitate the drug distribution process.
- c. The main inpatient pharmacy and satellites should (where feasible) be linked to the main pharmacy by a dedicated materials handling system that is capable of transporting bulk medications.

#### **Satellite Pharmacies:**

- a. Medical facilities with work loads that generate space authorizations for satellite pharmacies may combine the satellite space with the main pharmacies instead of programming the separate satellites.
- b. Adequate numbers of supervisory personnel should be projected to supervise the number of pharmacy operating locations program.
- c. Each inpatient pharmacy location will be provided with its own unit dose and IV admixture functions.

A delivery system capable of transporting intravenous solutions, immediate medication doses, and physician orders between the inpatient pharmacies and the nursing units will be provided.

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The drug information service should be located adjacent to the inpatient pharmacy administrative area.

These criteria provide separate space for inpatient pharmacy bulk storage and outpatient pharmacy bulk storage. This space may be combined provided a dedicated materials handling system directly links the bulk storage area to the main pharmacies.

# **4.0 PROGRAM DATA REQUIRED**

(Raw work load data will be used without MEPRS weighting.)

Projected average outpatient prescriptions per month.

Projected Average Daily Patient Load (ADPL).

Projected average number of IV admixtures prepared per month.

Staffing (Projected to be available)

Pharmacists

**NCOIC** 

Secretary/Receptionists

Technicians

Trainees

Clerks

# 5.0 SPACE CRITERIA

<b>FUNCTION</b>	NSF AUTHORIZED	PLANNING RANGE / COMMENTS
Administrative Support Offices	<u>t</u>	
Dept. Chairman/Chief	140	
Dept. Vice Chairman/ Asst. Chief	120	Medical Centers
Staff Pharmacists	100	Per staff Pharmacist
Staff Support		
Superintendent/NCOIC	100	
Secretary/Reception	120	When Authorized
Clerical/Admin.	100	minimum or 80 NSF per clerk over 1
Conference/Training Room	200	Authorized in facilities of 200 beds or more.
Data Automation	20	Per terminal/ printer where used.
Janitor's Closet	40	1 per Pharmacy
Lounge	100	minimum; Add 10 NSF/staff greater than 10; 200 min.
Lockers		
Male	100	minimum; 6.5 NSF/locker per FTE assigned over 15
Female	100	minimum; 6.5 NSF/locker per FTE assigned over 15
Toilets		
Male (wc, lav)	60	30 NSF/fixture per 20 men
urinal	30	one per 40 men or fraction thereof

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Female (wc, lav) 60

30 NSF/fixture per 15 women

# NSF/PROJECTED AVERAGE OUTPATIENT PRESCRIPTIONS (RX) PER MONTH Outpatient Main Pharmacy

Rx Range	Main Dispensing	FORMS WRITING	Main Waiting Area
1-5,000	300	10	300
5,001-25,000	400 + (100/5,000 RX in excess of 10	),000) 20	400 +(100/5,000 RX in excess of 10,000)
25,001- 35,000	700+100 if RX exceeds 30,000	20	700
35,001- 50,000	800	30	700
50,001+30 700	900 + (100/10,000 over 55,000)	30	700

#### NOTE: Includes space for storage of active drug stocks

	Satellite #1 Dispensing	Forms Writing	Satellite #1 Waiting
1-5,000			
5,001-25,000	200 if RX exceeds 20,000	10	100 if RX exceeds 20,000
25,000- 35,000	300	20	150
35,000- 50,000	200 + 100 if RX exceeds 40,000	20	100 + 50 if RX exceeds 45,000
50,000+	300	0	150
	Satellite #2 Dispensing	Forms Writing	Satellite #2 Waiting
1-5,000			
5,001-25,000			
25,000- 35,000	200 + 100 if RX exceeds 45,000	10	100 + 50 if RX exceeds 45,000
50,000+	300	20	150

<u>Bulk Storage</u> - 100+100/5,000 RX in excess of 5,000. Maximum 1,000 NSF (Includes space for receiving, breakdown, sorting, and storage).

 $\underline{Manufacturing~\&~Pre-pack}-200+100/10,\!000~RX~in~excess~of~10,\!000~(May~be~combined~with~inpatient~mfg.~\&~pre~pack.)$ 

# Updated 18 Feb 92

#### NSF/PROJECTED AVERAGE IV ADMIXTURES PER MONTH

# **Inpatient Pharmacy**

Rx Range Admixture	Main Pharmacy IV Admixture	Satellite #1 IV
1-2,000	300	
2,001-6,000	300 + (50/1,000 IV Admix in excess of 3001)	
6,001-9,000	350 + (50/1,000 IV Admix in excess of 7001)	200
9,001-15,000	400 + (50/1,000 IV Admix in excess of 10,001)	200
15,000+	450 + (50/1,000 IV Admix in excess of 16,001)	200

NOTE: Includes space for bulk storage of IV additives and limited supply of bulk solutions.

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RX Range Admixture	Satellite #2 IV Admixture	Satellite #3 IV Admixture
1-2,000		
2,001-6,000		
6,001- 9,000		
9,001-15,000	200	
15,000+ 200	200	200

#### NSF/PROJECTED AVERAGE DAILY BEDS OCCUPIED

RX Range	Main Pharmacy Unit Dose Drug Distribution	Satellite #1 Unit Dose
1-50	200	
51-200	300 + 100 if ADPL exceeds 100	
201-500	300 + 100/100 ADPL in excess of 300	200
501-700	600 + 200 if ADPL exceeds 600	300 + 100 if ADPL exceeds 600
701-900	900 + 100 if ADPL exceeds 800	300 + 100 if ADPL exceeds 800
900+	1,200	200 + 100 if ADPL exceeds 1,000

NOTE: Includes space for storage of active drugs stock and carts

RX Range	Satellite #2 Unit Dose	Satellite #3 Unit Dose
501-700	501-700 200 if ADPL exceeds 600	
701-900	200	200 if ADPL exceeds 800
900+	200+100 if ADPL exceeds 1,000	200

# NSF/PROJECTED AVERAGE DAILY BEDS OCCUPIED

RX Range	Bulk Storage	Mfgr & Pre-pack/ Bulk Orders
1-50	300	150
51-200	400 + 100 if ADPL exceeds 100	200 + 100 if ADPL exceeds 100
201-500	600 + 100/100 if ADPL exceeds 300	400 + 100/100 if ADPL exceeds 300
501-700	850 + 50 if ADPL exceeds 600	600 + 100 if ADPL exceeds 600
701-900	950 + 50 if ADPL exceeds 800	700
900+	1,000	700

NOTE: Includes space for supply mgmt/administration.

#### NSF/PROJECTED AVERAGE OUTPATIENT PRESCRIPTIONS PER MONTH

Rx Range	<b>Controlled Drug Area</b>	Flammable/Poison Storage
1-5000	25 <sub>a</sub>	10 <sub>b</sub>
5,001-30,000	75	30
30,001-40,000	100	30
40,000+	150	30
NOTES	<sub>a</sub> 50 cubic foot safe	<sub>b</sub> Metal locker

# **Clinical Pharmacy Services**

# NSF/PROJECTED AVERAGE DAILY BEDS OCCUPIED

Range	1-150	151- 500 501 +
Drug Information	c	200 400

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Services

<sub>c</sub> Special Study

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